



# Satisfaction of speech therapist in the Hearing Health Care from the perspective of remuneration and working hours

## Satisfação de fonoaudiólogos na atenção à saúde auditiva sob a perspectiva da remuneração e carga horária

## Satisfacción de fonoaudiólogos en la Atención a la Salud Auditiva desde la perspectiva de la remuneración y carga horaria

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### **Abstract**

**Objective:** to investigate the association between remuneration and working hours of speech-language pathologists of the Hearing Health Care with sociodemographic characteristics and satisfaction with the physical structure, routine and administrative demands. **Methods:** exploratory cross-sectional study, with non-probabilistic sample, composed of 27 speech-language pathologists of the Hearing Health Care Network of two micro-regions of Curvelo and Sete Lagoas, Minas Gerais. The data collection was performed through an interview, using a semi-structured questionnaire elaborated by the researchers. The associations were analyzed through Chi-square Test and Fisher's Exact Test, being the results with  $p \leq 0,05$  considered as statistically significant associations. **Results:** most of the respondents are postgraduate, are employed, have a salary range between two and four minimum wages and work 23.15 hours per week in

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### **Authors's Contributions:**

AGE: main researcher, participated in the data collection, data analysis and interpretation drafting and final approval of the version to be published.

SMAL and SASC: study conception and design, data analysis and interpretation, drafting, revision and final approval of the version to be published.

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average. The speech-language pathologists who work between 21 and 40 hours per week are postgraduate and are more satisfied with the human resources policy, on the other side those who receive higher wages tend to be more satisfied with the assisted population. **Conclusion:** the study shows that professionals with higher remuneration tend to be more satisfied with the assisted population. Speech therapists with higher working hours tend to be more satisfied with the human resources policy.

**Keywords:** Hearing; Job satisfaction; Unified Health System; Speech, Language and Hearing Sciences; Remuneration

### Resumo

**Objetivo:** investigar a associação entre remuneração e carga horária de trabalho de fonoaudiólogos da atenção à saúde auditiva com aspectos sociodemográficos e satisfação com estrutura física, rotina e demandas administrativas. **Métodos:** estudo exploratório transversal, com amostra não probabilística composta por 27 fonoaudiólogos da Rede de Atenção à Saúde Auditiva de duas microrregiões de Curvelo e Sete Lagoas, Minas Gerais. A coleta foi realizada por meio de entrevista, para a qual foi utilizado questionário semiestruturado, elaborado pelas pesquisadoras. As associações foram analisadas por meio dos testes Qui-quadrado e Exato de Fisher, considerados como associações estatisticamente significantes os resultados com  $p \leq 0,05$ . **Resultados:** a maioria dos fonoaudiólogos possui pós graduação, são contratados, com faixa salarial entre dois e quatro salários mínimos e média de carga horária de 23,15 horas. Os fonoaudiólogos que trabalham entre 21 e 40 horas semanais tendem a possuir pós-graduação e a estar mais satisfeitos com a política de recursos humanos, já os que recebem maior salário tendem a estar mais satisfeitos com a população atendida. **Conclusão:** o estudo evidenciou que profissionais com maior remuneração tendem a estar mais satisfeitos com a população atendida. Já os fonoaudiólogos com maior carga horária tendem a estar mais satisfeitos com a política de recursos humanos.

**Palavras-chave:** Audição; Satisfação no emprego; Sistema Único de Saúde; Fonoaudiologia; Remuneração

### Resumen

**Objetivo:** investigar la asociación entre el salario y horas de trabajo de los fonoaudiólogos de la Red de Atención a la Salud Auditiva con aspectos sociodemográficos y satisfacción con la estructura física, rutina y demandas administrativas. **Metodología:** estudio exploratorio transversal con muestra no probabilística de 27 fonoaudiólogos de la Red de Atención a la Salud Auditiva de dos micro regiones de Curvelo y Siete Lagunas, Minas Gerais, Brasil. La recolección fue realizada por entrevista, utilizando un cuestionario semi-estructurado, elaborado por las investigadoras. Las asociaciones se analizaron mediante la prueba de Chi-Cuadrado y Exacto de Fisher, consideradas como asociaciones estadísticamente significativas los resultados con  $p \leq 0,05$ . **Resultados:** La mayoría de los fonoaudiólogos tiene post grado, es contratado con dos a cuatro salarios mínimos y trabaja un promedio de 23.15 horas por semana. Los fonoaudiólogos que trabajan entre 21 y 40 horas por semana tienden a tener post grado y a estar más satisfechos con la política de recursos humanos. Todavía los que reciben los salarios más altos tienden a estar más satisfechos con la población atendida. **Conclusión:** el estudio evidenció que profesionales con mayor remuneración tienden a estar más satisfechos con la población atendida. Los fonoaudiólogos con mayor carga horaria tienden a estar más satisfechos con la política de recursos humanos.

**Palabras claves:** Audición; Satisfacción en el trabajo; Sistema Único de Salud; Fonoaudiología; Remuneración.

## Introduction

As health is the result of the promotion of quality of life<sup>1</sup>, its complete realization will only be possible with an interrelationship between knowledge and integrality of the service to the users<sup>1</sup>. However, to achieve integrality, which is one of the basic principles that govern the Unified Health System (SUS), it is necessary that the professional perceives the users in their totality, respecting their biopsychosocial and cultural aspects as well as their individual characteristics<sup>2</sup>. This process is facilitated when the work occurs in multidisciplinary teams with joint actions, in an integrated and articulated way. As a result, the team can visualize the individuals in their subjective and objective dimension, resulting in better solutions for the problems<sup>2</sup>.

Thus, it is perceived that health professionals play a fundamental role within the SUS Care Networks, since these are the basis for the feasibility and implementation of the projects and actions of the health services<sup>3</sup>. However, in order to achieve the expected results, it is essential to provide the professional/team with the basic conditions necessary for a full care<sup>2</sup>. Among these conditions, the physical structure of the workplace<sup>2</sup>, the time determined for the service<sup>2</sup>, the relations with the team<sup>2,4</sup>, the remuneration<sup>2,4,5</sup> and the working hours<sup>5</sup> are highlighted.

It is noteworthy that currently the work market in the health area follows the trend of partnership between the public and the private, which leads to a change in the relationship between job offer and demand in the SUS, generating a direct impact on the quantity and quality of these jobs<sup>6</sup>. In addition, various links result in fragmented, precarious and low-paid jobs, in which heterogeneities are emphasized<sup>6</sup>.

Remuneration and working hours appear in the literature as determining factors of job satisfaction, directly reflecting on the quality of the care provided to the population<sup>4,5</sup>. In addition, the degree of satisfaction and motivation of the professional can affect the harmony and psychological stability within the workplace<sup>5</sup>, essential aspects when working as a team.

Still in the context of integrality, it should be pointed out that in 2004 the State Hearing Health Care Networks were established (Ministerial Decree No. 587, of October 07, 2004)<sup>7</sup>, determining

the organization of hierarchical, regionalized and integrated networks in primary, medium and high complexity care. So, after that, full care was assured for people with hearing loss, regardless of age group.

In the period of this research, the State of Minas Gerais had 15 accredited Hearing Health Care Services (SASA), besides the decentralized Speech Therapy service<sup>8</sup>, exclusive of the state. The speech-language pathologist is a key player in the operation of the Network and works at all care levels, i.e., in medium and high complexity SASA and also in primary care, in all municipalities of the micro-regions of the state.

The insertion and actuation of speech-language pathologists in the Unified Health System (SUS) is relatively new<sup>9</sup> and is justified by their commitment with their growth and recognition, based on scientific evidence that reinforce the importance of their presence in actions for health promotion<sup>9</sup>. Therefore, the Speech therapy increasingly searches to assume its role in the maintenance of health and quality of life of the assisted population<sup>10</sup>. It is also worth noting that the growth of its insertion is related to the creation of health policies, among them the National Policy on Hearing Health Care<sup>9</sup>.

In the Hearing Health Care Policy, the role of the speech-language therapist and audiologist in primary care is essential, since to only provide Hearing Aids to the patients is not enough<sup>11</sup>. It is necessary to perform rehabilitation therapies mainly aiming at their (re)integration in the communication process and social life<sup>11</sup>. In addition, to have the initial contact with this professional will allow the early creation of a connection between the user and the professional, essential for the success of the process.

Thus, it is important to relate the perception of the speech-language therapists and audiologists of the Hearing Health Network with relevant aspects in their actuation, such as working hours and salary range, mainly because it is a relatively new Network, with an essential role of the speech therapist and little discussed in the literature.

In view of the above, the purpose of this study was to investigate the relation between remuneration and working hours of speech-language pathologists of the Hearing Health Care with sociodemographic characteristics and satisfaction with the physical structure, routine and administrative demands.

## Method

This is an exploratory cross-sectional study with a non-probabilistic sample, carried out in the Hearing Health Care Network of two micro-regions of Minas Gerais, in the period from April 2011 to February 2012.

The study included 27 speech therapists working in the Network in 27 municipalities of the micro-regions of Curvelo and Sete Lagoas, five of which work in high complexity and the rest as decentralized speech therapists. According to the Resolution 1669 of November 20, 2008<sup>8</sup>, decentralized speech therapists are the professionals responsible to receive users referenced by the primary care with complaint/suspicion of hearing loss and to refer them for basic speech-language evaluation and to carry out the rehabilitation of the post-adapted user in the Hearing Health Care Service. In addition to these attributions, they are also responsible for the development of activities in the primary care related to health promotion and prevention of diseases as well as to follow the users in their care process.

The fact that most of them are decentralized speech therapists is justified by the configuration of the Network itself<sup>8</sup>, in which only these professionals actuate in small municipalities. It is worth noting that diagnostic and adaptation activities are performed in medium and high complexity SASA.

At the time of the research, the Hearing Health Care Network was in force, currently it is incorporated into the Care Network for Disabled People (Ordinance No. 793, of April 24, 2012)<sup>12</sup>.

The study included professionals who have read, agreed and signed the Free and Cleared Term of Consent (TCLE) and who had an employment relationship with the Hearing Health Care Network for a period of three months or more. All speech therapists who worked in the Network during the collection period and who met the criteria for inclusion in the survey were invited to participate. Professionals who worked in more than one service/municipality of the Network and had previously answered the questionnaire were excluded.

As collection instrument, a semi-structured questionnaire was used, elaborated by the researchers, already published<sup>13</sup>, addressing issues related to sociodemographic data (age, qualification, employment relationship and salary range), satisfaction of the professionals with the service

in which they are inserted, and aspects related to communication at work.

The participants were recruited and invited by e-mail or telephone contact. The data were collected through interviews in the municipality of actuation of the professional by speech therapists with fellowship of Technical Support and previously trained. The interviews were individual and digitally recorded, and had an average duration of 30 minutes. Before the data collection, a pilot study was carried out to calibrate the instrument and verify the clarity of the questions.

After the data collection, the digitally recorded interviews were transcribed, checked and categorized in a database for further statistical analysis. The response variables included salary range and working hours, and the explanatory variables included sociodemographic data (except salary range), professional satisfaction and communicative relationships.

The items of the explanatory variables related to professional satisfaction were arranged in a Likert scale of five points, distributed as: 1 - very dissatisfied; 2- dissatisfied; 3 - indifferent; 4- satisfied and 5- very satisfied. For better analysis, the variables were transformed and standardized, in which the items very dissatisfied, dissatisfied and indifferent indicate dissatisfaction/indifference and satisfied and very satisfied indicate satisfaction. The Chi-square Test and Fisher's Exact Test were used, being considered as statistically significant associations those results with  $p \leq 0.05$ . The software Statistical Package for the Social Sciences (SPSS), version 21, was used for the data entry, processing and analysis.

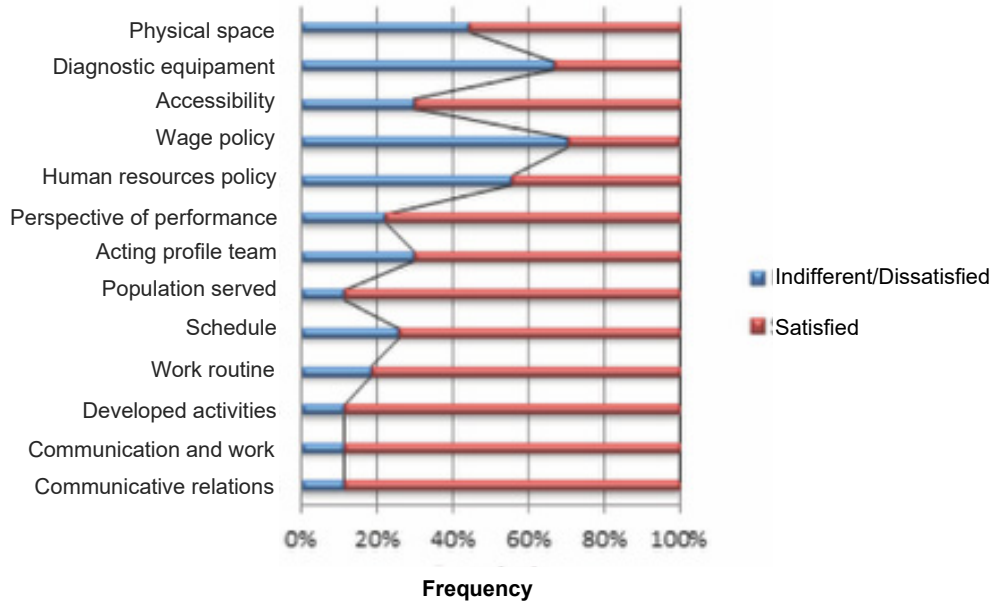
This research is part of the project "Evaluation of the implementation of the hearing health care network: a case study of the micro-regions of Curvelo and Sete Lagoas, State of Minas Gerais", approved by the Research Ethics Committee of the home institution under the opinion ETIC 186-10.

## Results

Of the 27 speech-language pathologists and audiologists interviewed, all are female, aged 30.9 years in average (minimum 25 - maximum 37 years), 59.3% are postgraduate (specialization in public health/other area or master's degree), 74.1% are employed, 63% have a salary range between two and four minimum wages (in the amount of

R\$ 545.00), 51.9% have never worked in public service, 81.5% are decentralized speech therapists and their working hours is 23,15 hours in average (minimum 5 - maximum 40 hours).

The quantitative analysis of the satisfaction of the professionals showed that they were satisfied with most of the items analyzed (Figure 1).



**Figure 1.** Graph demonstrating the distribution of satisfaction of speech-language pathologists interviewed

The association between working hours and sociodemographic data showed that postgraduate speech therapists work in average between 21 and

40 hours per week ( $p = 0.01$ ). The other variables did not present differences with statistical significance (Table 1).

**Table 1.** Association between sociodemographic data and working hours

Variables	Working hours			p-value
	Up to 20 hours	Between 21-40 hours	Total	
<b>Age</b>				
Up to 30 years old	8 (53.3%)	7 (46.7%)	15 (100.0%)	0.86**
Between 30 e 40 years old	6 (50.0%)	6 (50.0%)	12 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Complexity care</b>				
Decentralized Speech therapists	12 (54.5%)	10 (45.5%)	22 (100.0%)	0.65*
High complexity care	2 (40.0%)	3 (60.0%)	5 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Scholarity</b>				
Graduate	9 (33.3%)	2 (7.4%)	11 (100.0%)	<b>0.01*</b>
Postgraduate	5 (18.5%)	11 (40.7%)	16 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Did you work in public service?</b>				
Yes	7 (50.0%)	7 (50.0%)	14 (100.0%)	0.84**
No	7 (53.8%)	6 (46.2%)	13 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Employment relationship</b>				
Stable employment	4 (57.1%)	3 (42.9%)	7 (100.0%)	1.00*
Contract	10 (50.0%)	10 (50.0%)	20 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Salary range</b>				
Less than 2 minimum wages	7 (70.0%)	3 (30.0%)	10 (100.0%)	0.24*
Between 2 and 4 minimum wages	7 (41.2%)	10 (58.2%)	17 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	

\* Fisher's Exact Test; \*\* Chi-square test

Legend: bold=  $p \leq 0,05$ 

According to Table 2, the association between variables related to sociodemographic data and

salary range showed no statistical significance in any of the items analyzed.

**Table 2.** Association between sociodemographic data and salary range

Variables	Salary range			p-value
	< 2 m.w.	Between 2 and 4 m.w.	Total	
<b>Age</b>				
Up to 30 years old	6 (40.0%)	9 (60.0%)	15 (100.0%)	1.00
Between 30 e 40 years old	4 (33.3%)	8 (66.7%)	12 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Complexity care</b>				
Decentralized Speech therapists	10 (45.5%)	12 (54.5%)	22 (100.0%)	0.12
High complexity care	0 (0.0%)	5 (100.0%)	5 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Scholarity</b>				
Graduate	5 (45.5%)	6 (54.5%)	11 (100.0%)	0.69
Postgraduate	5 (31.3%)	11 (68.7%)	16 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Did you work in public service?</b>				
Yes	3 (23.1%)	10 (76.9%)	13 (100.0%)	0.24
No	7 (50.0%)	7 (50.0%)	14 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Employment relationship</b>				
Stable employment	4 (57.1%)	3 (42.9%)	7 (100.0%)	0.36
Contract	6 (30.0%)	14 (70.0%)	20 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Working hours</b>				
Up to 20 hours	7 (50.0%)	7 (50.0%)	14 (100.0%)	0.24
Between 21 and 40 hours	3 (23.1%)	10 (76.9%)	13 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	

Fisher's Exact Test  
 Legend: m.w.= minimum wages

In Table 3, the association between the variables related to professional satisfaction and working hours showed that those who work between 21 and 40 hours per week are more satisfied with the

human resources policy than those who work up to 20 hours per week ( $p=0.01$ ). Other associations did not present differences with statistical significance.

**Table 3.** Association between professional satisfaction and working hours do fonoaudiólogo e carga horária

Variáveis	Carga horária			Valor-p
	Até 20 horas	Entre 21-40 horas	Total	
<b>Physical space</b>				
Indifferent/Dissatisfied	8 (66.7%)	4 (33.3%)	12 (100.0%)	0.17
Satisfied	6 (40.0%)	9 (60.0%)	15 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Diagnostic equipment</b>				
Indifferent/Dissatisfied	9 (50.0%)	9 (50.0%)	18 (100.0%)	1.00
Satisfied	5 (55.6%)	4 (44.4%)	9 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Accessibility</b>				
Indifferent/Dissatisfied	3 (37.5%)	5 (62.5%)	8 (100.0%)	0.42
Satisfied	11 (57.9%)	8 (42.1%)	19 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Wage policy</b>				
Indifferent/Dissatisfied	12 (63.2%)	7 (36.9%)	19 (100.0%)	0.10
Satisfied	2 (25.0%)	6 (75.0%)	8 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Human resources policy</b>				
Indifferent/Dissatisfied	11 (73.3%)	4 (26.7%)	15 (100.0%)	0.01
Satisfied	3 (25%)	9 (75.0%)	12 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Perspective of performance</b>				
Indifferent/Dissatisfied	3 (50.0%)	3 (50.0%)	6 (100.0%)	1.00
Satisfied	11 (52.4%)	10 (47.6%)	21 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Acting profile team</b>				
Indifferent/Dissatisfied	4 (50.0%)	4 (50.0%)	8 (100.0%)	1.00
Satisfied	10 (52.6%)	9 (47.4%)	19 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Population served</b>				
Indifferent/Dissatisfied	2 (66.7%)	1 (33.3%)	3 (100.0%)	1.00
Satisfied	12 (50.0%)	12 (50.0%)	24 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Schedule</b>				
Indifferent/Dissatisfied	4 (57.1%)	3 (42.9%)	7 (100.0%)	1.00
Satisfied	10 (50.0%)	10 (50.0%)	20 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Work routine</b>				
Indifferent/Dissatisfied	3 (60.0%)	2 (40.0%)	5 (100.0%)	1.00
Satisfied	11 (50.0%)	11 (50.0%)	22 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Developed activities</b>				
Indifferent/Dissatisfied	2 (66.7%)	1 (33.3%)	3 (100.0%)	1.00
Satisfied	12 (50.0%)	12 (50.0%)	24 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Communication and work</b>				
Indifferent/Dissatisfied	0 (0.0%)	3 (100.0%)	3 (100.0%)	0.10
Satisfied	14 (58.3%)	10 (41.7%)	24 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	
<b>Communicative relations</b>				
Indifferent/Dissatisfied	1 (33.3%)	2 (66.7%)	3 (100.0%)	0.60
Satisfied	13 (54.2%)	11 (45.8%)	24 (100.0%)	
Total	14 (51.9%)	13 (48.1%)	27 (100.0%)	

Fisher's Exact Test

Legend: bold=  $p \leq 0,05$



The association between professional satisfaction and salary range, Table 4, showed statistical significance only for the item assisted population (p=0,04), i.e., professionals who receive between

two and four minimum wages are more satisfied with the assisted population as those that receive up to two minimum wages.

**Table 4.** Association between professional satisfaction and salary range

Variables	< 2 minimum wage	Salary range Between 2 and 4 m.w.	Total	p-value
<b>Physical space</b>				
Indifferent/Dissatisfied	3 (25.0%)	9 (75.0%)	12 (100.0%)	0.42*
Satisfied	7 (46.7%)	8 (53.3%)	15 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Diagnostic equipment</b>				
Indifferent/Dissatisfied	6 (33.3%)	12 (66.7%)	18 (100.0%)	0.68*
Satisfied	4 (44.4%)	5 (55.6%)	9 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Accessibility</b>				
Indifferent/Dissatisfied	1 (12.5%)	7 (87.5%)	8 (100.0%)	0.19*
Satisfied	9 (47.4%)	10 (52.6%)	19 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Wage policy</b>				
Indifferent/Dissatisfied	7 (36.8%)	12 (63.2%)	19 (100.0%)	1.00*
Satisfied	3 (37.5%)	5 (62.5%)	8 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Human resources policy</b>				
Indifferent/Dissatisfied	5 (33.3%)	10 (66.7%)	15 (100.0%)	0.71**
Satisfied	5 (41.7%)	7 (58.3%)	12 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Perspective of performance</b>				
Indifferent/Dissatisfied	3 (50.0%)	3 (50.0%)	6 (100.0%)	0.64*
Satisfied	7 (33.3%)	14 (66.7%)	21 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Acting profile team</b>				
Indifferent/Dissatisfied	2 (25.0%)	6 (75.0%)	8 (100.0%)	0.67*
Satisfied	8 (42.1%)	11 (57.9%)	19 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Population served</b>				
Indifferent/Dissatisfied	3 (100.0%)	0 (0.0%)	3 (100.0%)	0.04*
Satisfied	7 (29.2%)	17 (70.8%)	24 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Schedule</b>				
Indifferent/Dissatisfied	1 (14.3%)	6 (85.7%)	7 (100.0%)	0.21*
Satisfied	9 (45.0%)	11 (55.0%)	20 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Work routine</b>				
Indifferent/Dissatisfied	2 (40.0%)	3 (60.0%)	5 (100.0%)	1.00*
Satisfied	8 (36.4%)	14 (63.6%)	22 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Developed activities</b>				
Indifferent/Dissatisfied	2 (66.7%)	1 (33.3%)	3 (100.0%)	0.54*
Satisfied	8 (33.3%)	16 (66.7%)	24 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	

Variables	Salary range			p-value
	< 2 minimum wage	Between 2 and 4 m.w.	Total	
<b>Communication and work</b>				
Indifferent/Dissatisfied	0 (0.0%)	3 (100.0%)	3 (100.0%)	0.27*
Satisfied	10 (41.7%)	14 (58.3%)	24 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	
<b>Communicative relations</b>				
Indifferent/Dissatisfied	1 (33.3%)	2 (66.7%)	3 (100.0%)	1.00*
Satisfied	9 (37.5%)	15 (62.5%)	24 (100.0%)	
Total	10 (37.0%)	17 (63.0%)	27 (100.0%)	

\* Fisher's Exact Test; \*\* Chi-square test

Legend: m.w.= minimum wage; bold=  $p \leq 0,05$

## Discussion

The present study showed that most speech-language pathologists and audiologists that work between 21 and 40 hours per week have higher education level (post-graduation) and are more satisfied with the human resources policy. Regarding salary range, it was observed that the professionals who receive between two and four minimum wages are more satisfied with the assisted population when compared with those that receive up to two minimum wages.

The characterization of the sample revealed that most respondents were aged above 30 years, postgraduated, acted as decentralized speech therapists and were employed, received between two and four minimum wages and worked up to 20 hours per week. In a previous study carried out in São José dos Campos<sup>14</sup>, half of the professionals was aged up to 30 years, most of them were postgraduate, self-employed, received up to five minimum wages and worked between 21 and 44 hours per week. Another research carried out by the Regional Council of Speech, Language Pathology and Audiology – 6th Region<sup>15</sup> to characterize the profile and insertion of the speech therapists in Minas Gerais, Espírito Santo, Mato Grosso and Mato Grosso do Sul revealed that most speech therapists are female, aged 33.3 years in average, postgraduated, self-employed, received between two and four minimum wages and worked 40 hours per week. Although the studies<sup>14,15</sup> show characteristics similar to those found in the present study, such as qualification, predominance of female gender and type of employment relationship (contract or self-employed), it is emphasized that they deal with speech therapists of certain regions and

not of a specific service as in the present research. In addition, such studies were not performed with speech therapists that exclusively work in the public network, making it difficult to compare.

Also with regard to the profile of the sample of the present study, the fact that most professionals have employment contracts is noteworthy. Such relationship does not provide stability or security to the professional and can be a determining factor for job dissatisfaction<sup>16,17</sup>, since the tenuous bond often does not provide satisfactory working conditions and financial returns. This finding corroborates a previous study<sup>18</sup> that has shown that the majority of the sample, comprised of speech therapists, also had a second employment relationship, not through contest or under CLT (Labor Laws Consolidation) contract. However, it should be pointed out that in such study<sup>18</sup>, a greater number of speech therapists were self-employed, followed by those who worked under contract.

Another study<sup>19</sup> also shows that a stable employment relationship, such as through contest, can be an important strategy to reduce the turnover of professionals and, thus, favor a better relationship between the professional and the population.

The fact that most respondents are postgraduate corroborates the literature<sup>14,15,18,20,21</sup> and seems to be a growing trend among health professionals, including speech-language pathologists and audiologists<sup>14,15,18,21</sup>, demonstrating a greater requirement and trend of the market. This trend tends to persist, since a previous study shows that newly qualified speech pathologists desire to continue the studies in order to be updated<sup>22</sup>. It should be emphasized that education and qualification are forms of valorization of the workforce, since the update and interdisciplinary knowledge base are

essential for the current diversities found in the health process<sup>19</sup>.

It is also worth discussing the average salary found in the present study, between two and four minimum wages, showing that the work of speech therapists is still little recognized. It is aggravated by the fact that there is no salary level established by law for the category, only suggestions of fees made by the Syndicates, which vary from region to region. In this way, in some cases, the value of fees depends on the market competition, which does not always favor the establishment of fair values. In addition, remuneration may be a motivating factor for the continuity of the profession of speech therapist<sup>18</sup>.

Still referring to the average salary, it is worth mentioning that all speech therapists in the sample are female, a gender that, historically, always had lower salaries<sup>23</sup>. Although in recent years the female actuation in the labor market has grown, this scenario still persists<sup>23</sup>. In addition, the increase of the education level also appears as factor of increase of this inequality, i.e., the higher the education level the greater the difference of the salaries between the genders<sup>23</sup>.

A previous study<sup>24</sup> aimed at the analysis of the labor market of health employees in Brazil revealed that in 2000 the average salary for health professionals was of 6,5 minimum wages. However, this study was carried out based on the Annual Social Information Report (RAIS) e, therefore, included only formally employed workers; it is supposed that they have higher salaries. Another study<sup>18</sup> carried out with speech therapists from an undergraduate course, most of them self-employed and acting in various areas, revealed an average salary above four minimum wages.

In this perspective, although not evaluated in the present study, it is worth discussing the practice of rewards for health professionals performed by managers in several sectors of the SUS through financial incentives among other means<sup>25</sup>. This proposal, regulated by the Career Plans, Positions and Salaries (PCCSs), aims to adjust and optimize the production process in health services, as well as to recruit and retain professionals, ensuring regional and micro-regional agreed mechanisms<sup>3,25</sup>. In Minas Gerais, such practice is based on performance indicators, with the payment of annual bonuses according to the results<sup>26</sup>. However, in order to obtain the expected result, it is necessary

that such reward is premised on the collective and not just on the individual production, since quality health care is directly related to a greater humanization of the work and user satisfaction<sup>25</sup>, results that will be better obtained when the work is carried out by a united and articulated team<sup>2</sup>.

The fact that most postgraduate speech therapists work more hours per week may be related to the fact that many of them work in more than one place, perhaps as a way to supplement the income, since, as already mentioned, most are employed, which often does not provide satisfactory financial returns. Studies that associate the same variables and that, therefore, corroborate such findings were not found in the literature. However, a study<sup>21</sup> with speech therapists that work in the area of clinical audiology is highlighted, in which it was observed that most of them were postgraduate but had shorter working hours. Another study<sup>18</sup>, also with speech therapists, most of them postgraduate, revealed that the professionals that work exclusively in the area of speech-language pathology tend to work more than 20 hours. This was mentioned as a determinant factor for the financial independence through the exclusive exercise of the profession<sup>18</sup>, reinforcing, once again, that the market still does not have compatible values for the exercise of the profession.

A study on the Hearing Health Network is also highlighted, in which it is discussed, among other aspects, the fact that speech therapists have higher working hours when compared to other professionals<sup>11</sup>. This aspect is justified by the fact that speech therapists play a differential role within the Network, being responsible for a great part of the user care management<sup>11</sup>, since they will be present from their reception to their rehabilitation, in addition to foster health promotion actions. So, it can be concluded that, in this case, higher demand determines higher working hours.

In the present study, higher working hours tend to determine greater satisfaction with the human resources policy. Although also without similar data for discussion in the literature, it is worth noting that workload is mentioned as a stress factor of the work<sup>4,5</sup>. However, it is possible to infer that this result is related to a better remuneration received by speech therapists who work more hours.

Among the associations with statistical significance, it is also highlighted that speech therapists who receive higher salary are more satisfied with the assisted population. Previous studies<sup>4,5</sup> show



that a good relationship with the assisted public<sup>27</sup> and a better remuneration are related to work satisfaction. In the case of remuneration, studies also reveal that this is a motivating factor for the development of the work<sup>4,5</sup>, whose result will have a direct impact on the improvement of the assistance provided to the population, in addition to professional satisfaction<sup>28</sup>.

This result also reflects an important aspect to be discussed, since a greater satisfaction with the assisted population presupposes a good reception of the user and the establishment of a relationship of trust and support<sup>1</sup>, essential aspects in the treatment of patients with hearing loss. The reception increases bonding, responsibility over the patients, and increases the solutions for the service<sup>1</sup>. The professional has to keep in mind that health management is permeated by relationships between people and that every human relationship presents its limitations, but mainly reinforces its potentialities and favors the exchange of knowledge<sup>2</sup>.

Considering the importance of the reception, which promotes the reorganization and implementation of health promotion in the public network<sup>1</sup>, the participation of speech therapists in its realization is essential for the growth of their actuation in the SUS and also for the recognition of their profession. In this way, it will be possible to improve not only the access of the users to the services and the teamwork but, above all, the humanization of the relationships between users and professionals<sup>1</sup>, since communication, one of the pillars of the qualification of speech therapists, is directly related to a better interaction of the individual with the social environment, learning and emotional factors<sup>29</sup>.

Although speech-language pathology and audiology is a profession that is in an important and growing ascension, including in the Unified Health System (SUS), it is perceived that this is still a specialty of difficult access in the public network<sup>29</sup>. It is essential that speech therapists take an increasingly proactive role in health care, proving the effectiveness of their intervention, through the change in the quality of life of the user<sup>30</sup>.

The present study shows as limitations the fact that it was not possible to detail the paths of the professionals interviewed, which would surely point out substantial differences among them. However, it should be noted that there are advances regarding the discussion about the relations under the perspective of working hours and salary, essential

factors for the satisfaction of the employed professional and the improvement of the assistance provided to the population. It also allows the reflection about the insertion and recognition of the speech therapist not only in Hearing Health Care Network, but also in the Unified Health System (SUS). It is worth considering that, even though this is an exploratory study, the data presented here are able to provide, in addition to the general and initial vision of the work process in the hearing health network, a greater familiarization with the theme. Therefore, it is necessary to carry out researches with more specific designs and more robust samples for a better understanding and precision of the results.

The need for further studies addressing the actuation of speech therapists in the Hearing Health Network is reinforced, since the Network is relatively new and there are few studies addressing its implementation and the profile of the professionals who work for it. Such studies may provide subsidies for improvements to be made, since to have a committed and satisfied professional is directly related to the solutions for the service and, consequently, to the improvement of the care provided. In addition, it will allow new aspects of the actuation of the speech therapists to be studied and known, reinforcing the need and importance of their performance in the care management.

## Conclusion

In the present study, the satisfaction of speech-language pathologists and audiologists of the Hearing Health Care Network was analyzed from the perspective of remuneration and working hours. Thus, it was shown that in relation to the structure there was no association with statistical significance in any of the items analyzed. Regarding the routine, speech therapists with higher remuneration tend to be more satisfied with the assisted population. Finally, regarding management demands, it was observed that speech therapists with higher working hours tend to be more satisfied with the human resources policy.

The present study deepens the discussion on working hours and remuneration of speech therapists, not only based on the influence of these aspects on the satisfaction of the professional, but also reinforcing the need for a wage floor recognized by law, which allows a greater recognition of the class and motivation to carry out their work.

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